21602 9951	20649 O		State of Ne Investig		Mot	or Ve	hicl	e A	ccid	er	nt Re	port	;	Shee	et _1	of	2
2	Total Nu		Local No./ District 97  Agency Case No. B6-044498								HIT & RUN		INVESTIGATION MADE AT SCENE?				
A/1	of Vehic		/ 91 / / D D /	Y Y	No. DC	5-044430	,				YES (In Mil	X NO	STATE US	YES E ONLY		NO	1
01	OF ACCIDENT		1/2016		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	SMT	WTH	F S	TIME C	F	1150	nary rimo)					
A/2					L		шш		POLICI	Ē	1159						
	PLACE OF	COUNTY	Lancast	er					NOTIFI	ED	1109	V50 N0	05/21	/201	6		
В	ACCIDENT	CITY	Lincoln								PRIVATE PROPERT	YES NO	LATITUDE				-
72	ROAD O			o. WASH	INGTON	I					ONE-WAY STREET?	YES NO					
с 1	DISTANCE	FROM	FEET	N	S E W	OF MILEPOST			HIGH	WAY			LONGITUE	E			1
D	WILEPC	131	IF AT INTERS	ECTION				IF NO	T AT INT	ERS	ECTION						
1			IE OF INTERSECT	ING ROADWAY	(		FEET $\subset$	MILES	N S	Е	W OF N	EAREST STREE	T, BRIDGE	, RAILF	ROAD C	ROSSING	]
V1/M	S 17TH																
06	MILES		N S E	W AND	WAS OUTSI	DE CITY LII	MITS, IN	w OF I	NEAREST		ROM NEAF	REST TOWN					
V2/M <b>01</b>				MILES				CIT	OR TOW	/N							
E	R. WORK ZONE		R2 R3 R4	S. PEDES	STRIAN	S1 S2	S3	S4 S5-	a S5-b	S6-a	a S6-b	DOES ACCIDE STATE DEPT.					
2	CODES	1		CODES									ES 🗶 NO				
F						V	EHICLE	NO. 1					1	$\overline{}$		<u> </u>	-
1	DRIVER LICENSE	ا	NO. H1322	1671								STATE (Of License)	NE	SE		FEMALE MALE	
V1/N	TRACY	J HILI	DEBRAND						402	-660	0-1253		LOCAL NO	Э.			
2 V2/N	DRIVER ADDRI		ST LINCOL	N NE 68		STATE, ZIP			1			DATE OF BIRTH (MM / DD / YYYY	06/22	 2/199	92		V1/1
2	OWNER	NER PHONE									LOCAL NO				18		
G	OWNER ADDR	FFANY J HILDEBRAND  ER ADDRESS  CITY, STATE, ZIP  CITATION								<b>X</b> YES	CITATION	NO.			V1/2		
2			Lincoln, NE	68516							O PENDI		LB51				V1/3
H 1	LICENSE PLATE	PA	NO. 54C372							(Pla	YEAR ate Expires)	2016		(Of Pl	late)	NE	
4 V1/O	VEHICLE		YEAR 2001	Ford		IODEL ESCAPE		Mediu		ae ı	yellow		STIMATED I			)	V1/4
1	VEHICLE ID	1FN	ЛYU04181K	B61689							INSURANC	E COMPANY GRESSIVE					V1/5
V2/O	NO. (VIN) TOWED TO	1			TOWED BY						POLICY NO	).	NON	116	711		18
1						V	FHICI F	NO. 2			9012	67672					V1/6 <b>35</b>
1	DRIVER		NO. H12384	136		•	LINOLL	110. 2				STATE	NE	SE	-x 5	FEMALE	
V1/P	DRIVER			130					PHONE			(Of License)	LOCAL NO		<u> X</u>	MALE	-
1	JOSEPH DRIVER ADDRI		/IITH		CITY S	TATE, ZIP			402	2-97	5-9860	DATE OF					V2/1
V2/P	2230 E S	ST, LII	NCOLN, NE	68502	J. 1., J							BIRTH (MM / DD / YYYY			81		18 V2/2
1	JOSEPH	I SMI	TH						PHONE 402		5-9860		LOCAL NO	Э.			
J 01	OWNER ADDRI		NCOLN, NE	68510		TATE, ZIP					PENDI	NG X NO	CITATION	NO.			V2/3
V1/Q	LICENSE	D.4	T7\\(\O22								YEAR	2017		STA	TE	NE	V2/4
4	PLATE	YEAR		MAKE	M	IODEL		BODY STY	'LE	(Pla	COLOR	E	STIMATED [		E		-
V2/Q	VEHICLE	$\perp$	2003	Saturn		L200		4 doo	r Sed	an	blue	E COMPANY	TOTALE	D \$	2000	)	V2/5
<b>4</b> к	VEHICLE ID NO. (VIN)	1G8	8JU54FX3Y551430						PRO			OGRESSIVE					18 V2/6
02	02 TOWED TO TOWED BY										9004	85828					35
	(		lete this se									OF BIRTH	1 Seat	2	3 Body	4 5	SEX
VEH. #	NAME	(Com	plete a continuati		nore than th DRESS	ree were inj	urea)				(MM /	DD / YYYY)	Position	Eject	Body Region	Injury Sev. Tra	ns. MF
	LOCAL NO		IMEDICAL FACILITY	NAME			IEMS S	EBV/ICE NAM	_				EMC DII	N DED	DRT NO		
		OCAL NO. MEDICAL FACILITY NAME					EIVIS SI	EMS SERVICE NAME				EINIS KU	EMS RUN REPORT NO.				
VEH. #	NAME			AD	DRESS		'										
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	E				EMS RU	N REPO	DRT NO.		
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v⊏H. #				AD	50												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	E				EMS RU	N REPO	RT NO.		'

		THE F	OLLOWIN			N IS REQUIRED				CASE NO.			
					NDICATE	BY DIAGRAM WHAT	HAPPE	ENED .		14498			
Indicate North by Arrow													
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to turn righ	ht onto S 17th.	Driver 1 didn't	see vehicle	2 and turn	ed in front	and was originally go of him. Driver 2 state Driver 1 cited for fail	es he w	vas stopped for th	e red ligl	_			
to turn rigl front of hir	ht onto S 17th. m and 'hooked' l	Driver 1 didn't nis car draggir	see vehicle	2 and turn	ed in front distance.	of him. Driver 2 state Driver 1 cited for fail	es he w	vas stopped for th	e red ligl	_	vehicle	1 turned	l in
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